## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
WOMEN SPEAK OUT PAC					
		C C00530766			
M M / D D / Y Y Y Y					
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination			
·		10 20 7 2022			
Mailing Address 3100 Smoketree Ct.		Amount			
Suite 900					
City State	Zip Code	1500.00			
Raleigh NC	27604	Transaction ID: SE.43757  Date of Disbursement or Obligation			
Purpose of Expenditure Mileage (Estimate)	Category/ Type 004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate	<b>✗</b> Support	Office Sought: House District: 00			
LAXALT, ADAM, , ,	Oppose	President X Senate State: NV			
Calendar Year-To-Date	5000 00	Disbursement For: Primary			
Per Election for Office Sought	59390.00	2022			
Full Name of Payee		Date of Public Distribution/Dissemination			
Headway Workforce Solutions Inc.		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3100 Smoketree Ct.		A			
Suite 900		Amount			
City State	Zip Code	1500.00			
Raleigh NC	27604	Transaction ID : SE.43758  Date of Disbursement or Obligation			
Purpose of Expenditure Mileage (Estimate)	Category/ 004	M = M / D = D / Y = Y = Y			
misage (Estimate)	Type 004	_			
Name of Federal Candidate	Support	Office Sought: House District: 00			
CORTEZ MASTO, CATHERINE, , ,	X Oppose	President Senate State: NV			
Calendar Year-To-Date	00000 00	Disbursement For: Primary General 2022			
Per Election for Office Sought	60890.00	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures		3000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>)</b>			
(c) TOTAL Independent Expenditures					
(b) FOTAL masportation Experiences		7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	nically Filed] Date	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	IVI EXI END	TIONEO		PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC				C C00530766	
Check if 24-hour report 48-hour report	X New rep	port Amends rep		M / D D / Y Y Y Y Y	
Full Name of Payee Headway Workforce Solutions Inc			М	of Public Distribution/Dissemination	
Mailing Address 3100 Smoketree Ct.			Amour	10 20 2022	
Suite 900					
City Raleigh	State Zip Code NC 27604			12500.00  Transaction ID : SE.43759  Date of Disbursement or Obligation	
Purpose of Expenditure Canvassing (Estimate)		Category/ Type 004	М	M / D D / Y Y Y Y	
Name of Federal Candidate		<b>✗</b> Support	Office Sought	: House District: 00	
LAXALT, ADAM, , ,		Oppose	Preside	nt Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	7	45390.00	Disbursement 2022 Ot	For: Primary ★ General	
Full Name of Payee			Date of	of Public Distribution/Dissemination	
Headway Workforce Solutions Inc.			М	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3100 Smoketree Ct.			Amour	nt	
Suite 900			7111001		
City	State	Zip Code		12500.00	
Raleigh	NC	27604		ction ID : SE.43760  If Disbursement or Obligation	
Purpose of Expenditure Canvassing (Estimate)		Category/ Type 004	M	M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sough	t: House District:00	
CORTEZ MASTO, CATHERINE, , ,		<b>X</b> Oppose	Preside	ent Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	, , ,	57890.00	Disbursement 2022 Of	t For: Primary <b>X</b> General ther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	25000.00	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •		
(c) TOTAL Independent Expenditures			•	28000.00	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize				
Gross, Jennifer, , ,	[Electron	nically Filed] Date	e 10	21 2022	
Signature					